U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT For use by Labor Organizations with less than \$200,000 in total annual receipts For use by Labor Organizations with less than \$200,000 in total annual receipts For use by Labor Organizations with less than \$200,000 in total annual receipts For use by Labor Organizations with less than \$200,000 in total annual receipts

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.									
<u> </u>	 	INSTRUCTION	ONS CARE	FULLY E	BEFORE PREPAR	ING THIS REPORT.			
For Official Use Only Recid	1. FILE NUMBER	2. PERIOD	COVERED MO	DAY	YEAR	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:			
(SEP112007)	016-375	From	07	0 1	2000	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:			
Q MS OFFIT		Through	06	30	2001	(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:			
			8. MAILI	NG ADD	RESS (Type or pr	int in capital letters.)			
		First Nan	First Name						
STEPHEN CAMPBELL	(3)	016-375							
CARPENTERS AFL-CIO		540			•				
LU 2910			Last Nam	ie					
2210 GEKELER LN									
LA GRANDE, OR 97850		6/2001	P.O. Box	Building	g and Room Numi	per (if any)			
	1		! :						
listeeterelisteetelelisteessestell			: Number a	and Stra	o t				
			Mumber	unu aue	eı				
4. AFFILIATION OR ORGANIZATION N	AME								
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATIO	N NUMBER	City						
7. UNIT NAME (if any)				State ZIP Code + 4					
 Are your organization's records kept a (If "No," provide address in Item 56.) 	t its mailing address? Yes	No							
56. ADDITIONAL INFORMATION (If mo.	re space is needed, attach additi	onal pages p	roperly ide	ntified.)	···				
Item Number	, <u> </u>	•	•						
•									
		,, <u>, , , , , , , , , , , , , , , , , , </u>							
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and pelief, true, correct, and complete. (See Section VI on penalties in the instructions.)									
57. SIGNED: RILLIEU Roulet PRESIDENT 58. SIGNED: Stopher Co Campbell TREASURER									
8 / 20 / 0 1541) 437 - 2671 see instructions.) 08 / 19 / 0 / 1541) 963 - 5047 see instructions.)									
Date	Telephone Number				Date	Telephone Number			
1110 (5) 1 10000		_							

During the Reporting Period Did Your Organization: 10. Have a "subsidiary organization" as defined in Section X of the instructions?	Yes	No X	20.	How many members dorganization have at the reporting period? What is the maximum recoverable under you fidelity bond for a loss any officer or employed organization?	amount or organization's caused by	\$	40 50 660
12. Have a political action committee (PAC) fund?		X	21.	During the reporting poorganization have any constitution and bylaw	changes in its		Yes No
Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X		rates of dues and fees procedures listed in th (If the constitution and	or in practices e instructions?		
Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?		Х		attach two new dated oprocedures have chan	copies. If practi	ices/	
15. Discover any loss or shortage of funds or other property?		Χ		What is the date of you next regular election of What are your organized dues and fees?	of officers?		062003
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor		X		(Enter a minimum and than one rate applies to	for any line.)	es of Dues	and Fees
organization or of an employee benefit plan?		X	*****	(a) Regular Dues/Fees (b) Initiation Fees	\$6°-35 \$150°	حدی <u>per '^^</u>	(Month, Year, etc.)
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?		X		(c) Transfer Fees	\$	_	
(If the answer to any of the above questions is "Yes," provide in Item 56 on page 1 as explained in the instructions for eac	detail:			(d) Work Permits	\$	per	(Month, Year, etc.)
			1				

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 0 1 6 - 3 7 5

TO OFFICERS					
(A) Name (List all persons who held office during the report they received no salary or other disbursements. (B) Title (Enter title of officer, such as PRESIDENT or TREATER.	Use all capital letters.) Status	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)	
1. ROULET Title PRESIDENT	First Name BILL Status C	405	622	1027	
2. HOFMANN Title UICE PRESIDENT	First Name RICYGARD Status C	15	420	436	
Last Name 3. CLARK Title RECORDING SECRE	First Name DALEN TARY Status C	17	420	437	
Last Name 4. CAMPBELL Title FINANCIAL SECAT	Stephen Stephen	540	420	960	
5. HALLGARTH TICOPIANT COMMITTEE	LARRY	18	50	18	
Last Name 6. Title	First Name Status				
Last Name 7. Title	First Name Status				
8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8		995	1882	2877	
			10. Less Deductions		
Enter the Total from Line 11 in		Item 45 ➪	11. Net Disbursements	2877	
*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N. (If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)					

Form LM-3 (Revised 2000)

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	Ite	ASSETS m	Start of Reporting Period (A)	End of Reporting Period (B)	Item	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	25	. Cash	3656	4307	32.	Accounts Payable	00	00
	26	. Loans Receivable	00	0 0	33.	Loans Payable	00	00
STATEMENT A SSETS AND LIABILITIES	27	. U.S. Treasury Securities	00	00	34.	Mortgages Payable	00	00
ANI	28	. Investments	00	00	35.	Other Liabilities	00	00
SETS	29	. Fixed Assets	6 Ø	00	36.	TOTAL LIABILITIES	00	00
AS	30	. Other Assets	300	300			_	
	31	. TOTAL ASSETS	3956	4507		NET ASSETS (Item 31 less Item 36)	3 956	4607
	CASH RECEIPTS		AMOUNT	Item	CASH DISBURS	SEMENTS	AMOUNT	
	38	. Dues		13817	45.	To Officers (from Item 24))	2877
NTS	39. Per Capita Tax			-	46.	To Employees <i>(less dedu</i>	06	
EME	39. Per Capita Tax			6	47. Per Capita Tax			9205
T B	41. Interest & Dividends			0	48. Office & Administrative Expense			831
MEN	42. Sale of Investments & Fixed Assets			0	49.	Professional Fees	00	
AND	43. Other Receipts			46	50. Benefits			00
၂ . တ	44	TOTAL RECEIPTS		13863	51.	Contributions, Gifts & Gra	ınts	25
	If total receipts reported in Item 44 are \$200,000				52. Purchase of Investments & Fixed Assets			00
2	If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2				53. Loans Made			00
	instead of this form.			54. Other Disbursements			213	
					55.	TOTAL DISBURSEMENT	S	13212